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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN			OR ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/521,193	/521,193 01/13/2005			Pnina Fishman		FISH	IMAN13A	8661			
TITLE OF INVENTION	: METHOD FOR TREA	TMENT OF	MULTIPLE	SCLEROSIS							
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APPLN, TYPE	SMALL ENTITY	ISSUE F	EE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	E FEE TO	TEE TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	\$7	20	\$300		S0		\$1020		12/2008	
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CRANE, LA	1623		514-046000								
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Address form P10/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRI	NTED ON T	THE PATENT (print o	r type	e)	***************************************		······································		
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Authorized Signature	dog Hill	LOWS	129/	1031979		Date	wa	10, 3	008	The second state of the se	
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